

www.mass.gov/abcc

LICENSE NUMBER	:0/1600001		CITY OR TOWN MILLIS	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BARRETT & JOHN	SON ENTERPRISE	ES, INC	
DOING BUSINESS A			,	
ADDRESS 32 EXCH	IANGE STREET			
CITY/TOWN: MILI		STATE: MA	ZIP CODE: 02054	
	 RETT, KERRI TYPI	E OF LICENSE: Res		': All Alcohol
A.				
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	ES:		
FLOOR ONLY. TW	O MAIN ENTRANC	ES FACING EXCH	OOM AND BAR/LOUNGE, FI ANGE ST AND THREE EME K, ONE DOWN- STAIRS SID	ERGENCY
I hereby certify and sv	wear under penalties o	of perjury that:		
1. the renewe	ed license will be of th	e same type for the	same premises now licensed;	
2. the license	e has complied with a	ll laws of the Comm	onwealth relating to taxes; and	d
3. the premis	es are now open for b	usiness (If not expla	in below)	
SIGNED BY	Individual, Partner of	or Authorized Corpor	rate Officer	
DATE:			EMPLOYER IDENTIFICA	ATION NILIMBED.
DITTE.	TELEPHONE	NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signed	by the building insp	ector and the head	certificate required by Chap of the fire department for the ance required by Chapter 1	ne above
Please Check Below: APPROVED:			LOCAL LICENSING AUTI	HORITY
DISAPPROVED:			By:	
(If disapproved expla	in)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 0/1600004	(LITY OR TOWN MILLIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SPORTSMEN'S DOING BUSINESS A	S LOUNGE OF MILLIS I	NC.
ADDRESS 1105 MAIN ST.		
CITY/TOWN: MILLIS	STATE: MA	ZIP CODE: 02054
MANAGER: DICENZO, ROBERT W.	ΓΥΡΕ OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU DESCRIPTION OF LICENSED PRE	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS
FIRST FLOOR OF A TWO STORY I ROOM AND BAR AREA. CELLAR AND KITCHEN. ENTRANCE AND RENTED AS LIVING QUARTERS A	USED FOR STORAGE. A EXIT TO THE FRONT,S AN HAS SEPARATE FRO	ALSO THERE ARE TWO TOILETS IDE AND REAR. SECOND FLOOR
I hereby certify and swear under penal		
1. the renewed license will be	* *	-
2. the licensee has complied v3. the premises are now open		
3. the premises are now open	for business (if not explain	il below)
SIGNED BY Individual, Part	ner or Authorized Corpor	ate Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



www.mass.gov/abcc

LICENSE NUI	MBER: 071600005		CITY OR TOWN M	ILLIS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: GLEN ELLEN CO	OMPANY LLC		
DOING BUSI	NESS A GLEN ELLEN C	COUNTRY CLUB		
ADDRESS 84	ORCHARD ST.			
CITY/TOWN:	MILLIS	STATE: MA	ZIP CODE: 0	2054
MANAGER:	DEVANE JR., TY THOMAS J.	PE OF LICENSE: Res	staurant CATE	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	N OF LICENSED PREMI			
	ON ROOM WITH EXIT G. ROOMS,2 RESTROO			
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now lice	ensed;
	licensee has complied with		=	xes; and
3. the	premises are now open for	business (If not expla	nin below)	
SIGNED BY				
SIGNED DI	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDE	ENTIFICATION NUMBER:
			(Note: NOT Individu	ual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the head	l of the fire departmen	t for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisapprovec	ı expiaiii)			
DATE:				



www.mass.gov/abcc

LICENSE NU	MBER: 071600006		CITY OR TOWN MILLIS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
	AME: PRIMAVER	•	
ADDRESS 20	PLEASANT ST.		
CITY/TOWN:	: MILLIS	STATE: MA	ZIP CODE: 02054
MANAGER:	GAITA, JERRY RALPH	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTIO	N OF LICENSED P	REMISES:	
RM.,KITCHE RM.DRESSIN	N, STORAGE, FUN IG RM., OFFICE; PA	CTION RM.,SEVEN EXITS	1ST.,BAR LOUNGE, DINING S;2ND. FL.PHOTO GRAPHY R SEVEN TABLES.THE ADD ITION XIT & ENTRANCE.
I hereby certify	y and swear under pe	nalties of perjury that:	
1. the	renewed license will	be of the same type for the	same premises now licensed;
	•		nonwealth relating to taxes; and
3. the	premises are now op	en for business (If not expla	in below)
SIGNED BY	Individual, I	Partner or Authorized Corpor	rate Officer
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Bel- APPROVED: DISAPPROVI	ED:		LOCAL LICENSING AUTHORITY By:
DATE.			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 071600007		CITY OR TOWN M	MILLIS
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: AMVETS POST #4 DOING BUSINESS A	95 MILLIS MA. IN	C.	
ADDRESS 404 VILLAGE ST.			
CITY/TOWN: MILLIS	STATE: MA	ZIP CODE:	02054
MANAGER: HOWIE, PAUL L. TYP	E OF LICENSE: Vet	erans club CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
TWO FLOORS. FIRST FLOOR CONSIST ROOM, KITCHEN, OFFICE, BAR, ONE CICELLAR; SECOND FLOOR CONSISTS RESTROOMS, WITH ONE ENTRANCE THE KITCHEN	LOSET,FUNCTION OF KITCHEN,STO	ROOM,TWO RESTR REROOM,SERVICE I	BAR TWO
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now lice	ensed;
2. the licensee has complied with		•	axes; and
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	E NUMBER:		ENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individ	dual Social Security Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of 2010.	pector and the head	of the fire departmen	nt for the above
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:071600010		CITY OR T	OWN	MILLIS	
APPLICATION FOR	RENEWAL:	Annual	. 1	LICENS	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	MILLIS PKG	STORE CORP				
DOING BUSINESS	A HARKEYS					
ADDRESS 1138 MA	IN STREET					
CITY/TOWN: MIL	LIS	STATE:	MA ZIP CO	DE:	02054	
MANAGER: HARI ROBI	KEY, ERT A.	TYPE OF LICENS	E:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS			ı
DESCRIPTION OF I	LICENSED PRI	EMISES:				
THREE ROOMS OF STORAGE; NO CEL				FOR SA	ALES AND C	ONE FOR
3. the premis		n for business (If not				
DATE:	TELEPI	HONE NUMBER:				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL L By:	ICENS	ING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/1600	J011	CITY OR TOWN MILLIS	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MORO	GANTI'S INC.		
DOING BUSINESS A FIFT	H AVENUE WINE & SPIRITS	3	
ADDRESS 6 MILLISTON R	.OAD		
CITY/TOWN: MILLIS	STATE: MA	ZIP CODE: 02054	
MANAGER: MORGANTI	, ANN TYPE OF LICENSE: F	Package Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
ONE STORY STORE, CON	TAINING A FLOOR AREA O	F APPROX 3350 SQ FT	
I hereby certify and swear un-	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for the	he same premises now licensed;	
2. the licensee has co	omplied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are n	ow open for business (If not ex	plain below)	
SIGNED BY			
Individ	dual, Partner or Authorized Cor	porate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	LEED HONE WOMBER.	(Note: NOT Individual Social S	Security Number)
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	ORITY
DISAPPROVED:		By:	
(If disapproved explain)			
(II disapproved explain)			
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

RENEWAL: Annua	al LIC	CENSED FOR 2013
CLAS	SS	YEAR
	CO.	
ANGE STREET		
IS STATE:	MA ZIP CODE	E: 02054
ON, JEFFREY TYPE OF LICENS	SE:Package Store	CATEGORY: All Alcohol
EASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
ICENSED PREMISES:		
e has complied with all laws of the es are now open for business (If no	Commonwealth relati	
marvidual, Farmer of Aumorized	Corporate Officer	
individual, Farmer of Addiofized	Corporate Officer	
individual, Farther of Addiorized	Corporate Officer	
TELEPHONE NUMBER:	EMPLO	DYER IDENTIFICATION NUMBER: I Individual Social Security Number)
	EMPLO (Note: <u>NO</u>	
	HIGHLAND WINE & SPIRITS OF LUMPY'S LIQUORS ANGE STREET JIS STATE: ON, JEFFREY TYPE OF LICENS LEASE ALSO VISIT OUR WEBSITE AND ENTER ICENSED PREMISES: STRUCTURE. FRONT DOOR ALL BACK HALL FOR STORAGE; year under penalties of perjury that all license will be of the same type of the same type of the same type of the same now open for business (If no	ANGE STREET IS STATE: MA ZIP CODE ON, JEFFREY TYPE OF LICENSE: Package Store LEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS



www.mass.gov/abcc

	CITY OR TOWN MILLIS	S
Annual	LICENSED FOI	R 2013
CLASS		YEAR
NC.		
SE RESTAURANT		
STATE: MA	ZIP CODE: 02054	
TYPE OF LICENSE: Res	taurant CATEGOF	RY: Wine and Malt Regular
R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
MISES:		
BAR AREA,KITCHEN,S	STORAGE AREA. CELLAR	R FOR
ties of perjury that:		
of the same type for the	same premises now licensed	,
vith all laws of the Comm	nonwealth relating to taxes; a	ind
	=	
	•	
ner or Authorized Corpo	rate Officer	
ONE NUMBER:	EMPLOYER IDENTIFI	ICATION NUMBER:
	(Note: NOT Individual Soc	cial Security Number)
inspector and the head	of the fire department for	the above
	LOCAL LICENSING AU	THORITY
	By:	
	-	
	CLASS NC. SE RESTAURANT STATE: MA TYPE OF LICENSE: Res R WEBSITE AND ENTER YOUR EM MISES: BAR AREA, KITCHEN, S ties of perjury that: of the same type for the with all laws of the Comm for business (If not expla ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	CLASS NC. SE RESTAURANT STATE: MA ZIP CODE: 02054 TYPE OF LICENSE: Restaurant CATEGOR R WEBSITE AND ENTER YOUR EMAIL ADDRESS MISES: BAR AREA, KITCHEN, STORAGE AREA. CELLAR ties of perjury that: of the same type for the same premises now licensed with all laws of the Commonwealth relating to taxes; a for business (If not explain below) mer or Authorized Corporate Officer ONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Sociate in possession (1) the certificate required by Chainspector and the head of the fire department for the of liquor liability insurance required by Chapter LOCAL LICENSING AU



www.mass.gov/abcc

LICENSE NUMBER	.: 071600018		CITY OR TOWN	MILLIS
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BUDABINGS, INC	C.		
DOING BUSINESS	A BUDABINGS 50	'S CAFE		
ADDRESS 1060 MA	AN STREET			
CITY/TOWN: MIL	LIS	STATE: MA	ZIP CODE:	02054
MANAGER: KNO DOU	TTS, TYF GLAS JR E	PE OF LICENSE: F	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF I				
GROUND FLOOR,D STORAGE	INING ROOM,BAI	R AREA,KITCHE	N,STORAGE AREA. (CELLAR FOR
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the	he same premises now	licensed;
2. the license	ee has complied with	all laws of the Cor	nmonwealth relating to	taxes; and
3. the premis	ses are now open for	business (If not ex	plain below)	
SIGNED BY				
	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the he	ad of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expla				
(11 disappioved expla	111)			
DATE:				



www.mass.gov/abcc

LICENSE NU	MBER: 071600020		CITY OR TOWN	MILLIS	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE N	AME: RYAN FAMILY	AMUSEMENTS INC			
DOING BUSI	NESS A RYAN FAMIL	Y AMUSEMENTS			
ADDRESS 11	70 MAIN STREET				
CITY/TOWN:	: MILLIS	STATE: MA	ZIP CODE:	02054	
MANAGER:	MC CAUL, PETER J.TY		neral on Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREM	ISES:			
22 BOWLING	G LANES 40 VIDEO GAN	MES			
I hereby certify	y and swear under penaltic	es of perjury that:			
1. the	renewed license will be o	f the same type for the	same premises now	licensed;	
2. the	licensee has complied with	th all laws of the Comm	nonwealth relating to	o taxes; and	
3. the	premises are now open for	or business (If not expla	in below)		
SIGNED BY	Individual, Partno	er or Authorized Corpo	rate Officer		Ì
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Acts of 2004,	rsigned, attest that we an signed by the building in e and (2) the certificate of	nspector and the head	of the fire departi	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	<u> </u>		By:		
DISAPPROVI					
(If disapprove	d explain)		-		
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

	CITY OR TOWN MIL	LIS
Annual	LICENSED F	FOR 2013
CLASS		YEAR
É,INC.		
FÉ		
STATE: MA	ZIP CODE: 020	54
OF LICENSE: Resi	aurant CATEG	ORY: Wine and Malt Regular
	AIL ADDRESS	
TABLES,STOR	ED BEHIND BAR/SERV	ICE AREA
perjury that:		
same type for the	same premises now licens	ed;
laws of the Comm	onwealth relating to taxes	s; and
iness (If not expla	in below)	
Authorized Corpor	rate Officer	
Authorized Corpor	rate Officer	
Authorized Corpor	rate Officer	
Authorized Corpor	EMPLOYER IDEN	TIFICATION NUMBER:
	EMPLOYER IDEN	ΓΙΓΙCATION NUMBER: Social Security Number)
UMBER: possession (1) the tor and the head	EMPLOYER IDEN	Social Security Number) Chapter 304 of the for the above
UMBER: possession (1) the tor and the head	EMPLOYER IDEN' (Note: NOT Individual certificate required by of the fire department f	Chapter 304 of the for the above ter 116 of the Acts
UMBER: possession (1) the tor and the head	EMPLOYER IDEN' (Note: <u>NOT</u> Individual certificate required by of the fire department france required by Chape	Chapter 304 of the for the above ter 116 of the Acts
UMBER: possession (1) the tor and the head	EMPLOYER IDEN (Note: NOT Individual certificate required by of the fire department fance required by Chaptal LOCAL LICENSING A	Chapter 304 of the for the above ter 116 of the Acts
UMBER: possession (1) the tor and the head	EMPLOYER IDEN (Note: NOT Individual certificate required by of the fire department fance required by Chaptal LOCAL LICENSING A	Chapter 304 of the for the above ter 116 of the Acts
UMBER: possession (1) the tor and the head	EMPLOYER IDEN (Note: NOT Individual certificate required by of the fire department fance required by Chaptal LOCAL LICENSING A	Chapter 304 of the for the above ter 116 of the Acts
	CLASS É,INC. FÉ STATE: MA OF LICENSE: Rest E AND ENTER YOUR EM TABLES,STORI Derjury that: same type for the s laws of the Comm	CLASS É,INC. FÉ STATE: MA ZIP CODE: 020 DF LICENSE: Restaurant CATEG E AND ENTER YOUR EMAIL ADDRESS TABLES,STORED BEHIND BAR/SERV



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 071600022		CITY OR TOWN	MILLIS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: MAIN STREET MO DOING BUSINESS A ADDRESS 972 MAIN STREET	BILE INC.			
CITY/TOWN: MILLIS	STATE: MA	ZIP CODE:	02054	
MANAGER: ILYAS, MAZHER TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
GAS STATION WITH CONVENIENCE S	STORE			
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of th	e same type for the	same premises now	licensed;	
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for be	usiness (If not expla	in below)		
SIGNED BY				
Individual, Partner o	r Authorized Corpor	rate Officer		
DATE: TELEPHONE	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TELEFTIONE	NOMBER.	(Note: NOT Ind		
DI CLIDI				
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)		-		
(